

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

Address: Business Activity: Telephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Approved Disapproved Approved With Modifications Comments Attached	A COLOR							
Michael Lawler Chemist III (Unit 9) June 5,2011 9. Travel lithreray and Justification if travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Michael will be traveling to Sterling, VA June 5 hrough June 10, to aftend a mandatory training semicar for forence is centilest, involved in the commonwealth and Employee: Michael will be traveling to Sterling, VA June 5 hrough June 10, to aftend a mandatory training semicar for forence is centrelled unbefaces conducted by the Social Testing Laboratory of the Dring Enformment Agency (DEA). The purpose of this seminar is to enhance Michael Stellars and forences scientist. The 5 day training will include knowledge about analyzing different curstriled substances, chemistry related to the analysis of controlled substances. Michael Flag training will include knowledge about analyzing different curstriled substances. Signature of Bureaut Director/Assistant Commissioner/Hospital Director Base of Bureaut Director/Assistant Commissioner/Hospital Director. Date: Transportation; (these all that septy) A bring and b	1	2. Travel Request #:	3. Department			1		
9. Travel filterary and Justification (if travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employes: M. Lawler will be traveling to Sterling, VA, June 5 through June 10, to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing Laboratory of the Dring Enforcement Append (DEA). The purpose of this seminar is to enhance Mr. Lawler's skill as a forensic socientist. The 5 day training will include knowledge about analyzing different controlled substances, chomistry related to the analysis of controlled substances. Mr. Lawler's skill as a forensic socientist. The 5 day training will include knowledge about analyzing different controlled substances, chomistry related to the analysis of controlled substances. Mr. Lawler's skill as in work expanse. Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: Director: Private State/Federal Personal Other Funds Fun		-			1	June 5,201	1 Sterlin	/
McLawler vill be traveling to Steeling, VA. June 6 through June 10, to attend a mandatory framing seminar for forensic scientists involved in the analysis of controlled substance conducted by the Special Testing Laboratory of the Dring Enforcement Agency (PEA). The purpose of this seminar is to enhance Mr Lawler's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Mr Lawler's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Mr Lawler's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances of this seminar is to enhance the seminar is stored to the se	9. Travel Itinerary and	Justification (If travel is	s privately subsid	dized, statement	of purpose mus			the
analysis of controlled substances conducted by the Special Testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance the Lawfer skills as of renance seriority related to the analysis of controlled substances. Mr. Lawfer will stay in Virginia for additional 2 days at his own exponse. 8 Supporting documentation, i.e. agendas or brochures, is attached. 9 Supporting documentation, i.e. agendas or brochures, is attached. 9 Supporting documentation, i.e. agendas or brochures, is attached. 9 Signature of Bureau Director/Assistant Commissioner/Hospital 10. Estimated Exponses: Private Pr			arough June 10 to	attend a mandate	ory training semi	nar for forensic scie	entists involved	Lin the
Signature of Bureau Director/Assistant Commissioner/Hospital Director: Date	analysis of controlled subs to enhance Mr Lawler'	stances conducted by the 's skill as a forensic scien	Special Testing L tist. The 5 day trai	aboratory of the E ining will include k	orug Enforcemen nowledge about	t Agency (DEA). Th analyzing different	ne purpose of t controlled subs	his seminar is
10. Estimated Expenses: Private Funds F	Signature of Bureau Dire	ector/Assistant Commis	sioner/Hospital	i(Ma	n	Date: 2	s-//-//
Transportation: (check all lhat apply)		inda Han						
State Personal Rental	10. Estimated Expense	s:		DOMESTIC STREET, STREE	Funds			_
Car: State Personal Rental 98.5.50 Meals: 5 Surp @ 17.50 96.00 Parking/Registration Fee 96.00 Sub Total(s) 96.00 96.00 Parking/Registration Fee 96.00 96.00 Parking/Registration Fee 96.00 96.00 Parking/Registration Fee 96.00 96.00 96.00 Parking/Registration Fee 96.00 96.00 96.00 96.00 96.00 96.00 Parking/Registration Fee 96.00 96.0	⊠ Air □ Ra				376.29	V		
Meals: 5 Page 0 17.50 96.00		☐ Personal	Rental		18.60			
Other: (please list): Parking/Registration Fee Sub Total(s) 1436-41	Lodging:				88550	V		
Parking/Registration Fee Sub Total(s) 1/436.41	Meals: 5 Days &	2 17.50 & 8.50			96.00×			
Crand Total 1/426. 4 Crand Total 1/		ation Fee						
11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business to a non-bus	Sub Total(s)				1426.41			
Peter Piro and Rebecca Pontes At no cost is the Commanueal function for additional 2 days cat 12. Privately Subsidized Travel Information: Not Applicable Not Applicable Describe all activities offered and intent to participate: Company: Address: Business Activity: Telephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations It hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler Michael Lawler Approved Disapproved Approved With Modifications Comments Attached		Gra	and Total			,		1426.41
12. Privately Subsidized Travel Information: Name of Contact Person: Company: Address: Business Activity: Telephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Approved Approved With Modifications Comments Attached	11. Include names of all non-business comp	other travelers (includi	ng family, friend: ທິດ La ພົ	s or coworkers) a ⊏r to ill s-l	and how they wi	III pay. In addition	i, if the travel	consists of a
Name of Confact Person: Company: Address: Business Activity: Telephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Approved Approved Approved Approved With Modifications Comments Attached			ist to the	COMMANUE	ealth and	ey pro omy	time.	arysum
Address: Business Activity: Telephone Number: Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Approved Disapproved Approved Disapproved Approved Disapproved Comments Attached					Doggiba all acti	vitica affavad and		
Relationship Between Private Party and the Commonwealth: 13. Certifications and Authorizations I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Approved Approved With Modifications Comments Attached	Company: Address:				Jescribe all acu	vities offered and	intent to part	icipate.
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler Thereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Approved Approved With Modifications Comments Attached	Business Activity: Telephone Number:				Relationship Be	tween Private Par	ty and the Co	mmonwealth:
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Michael Lawler Thereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Approved Approved With Modifications Comments Attached			1922 T. J.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Signature of Traveler: Michael Lawler I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Approved Approved With Modifications Comments Attached								
Michael Lawler Michael Lawler		pains and penalties of	perjury that, to the	he best of my kn	owledge, the ab	ove information is		rect.
Approved Disapproved Disapprov	Michael Lawler		<i>-</i>				3/11/	11
Approved Disapproved Approved With Modifications Comments Attached			for the above d		ccommodations	s. ☐ Delegation fr		granted.
	- Signature of Bopartment		\mathcal{M}	inte.	(0>	4/4	+	
Signature of Cabinet Secretary:	Approved	☐ Disapprov	red (☐ Approv	ed With Modifica	ations □Con	nments Attache	ed
	Signature of Cabinet Sec	retary:					Date:	

THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF)

3/1/11	2. Travel Request #:	3. Department/D	ivision: DPH	-	4. DEPT/ORGI 0294		opriation No.: 10-9749 /
· ·	ca Pontes		emist II (unit		June 5 201 - June 10, 2011	1 Sterling	
Commonwealth an							
the analysis of control seminar is the enhance	ing to Sterling, VA June 5 fled substances conducte ce Mrs. Pontes' skill as a y related to the analysis o	d by the special test forensic sclentist. Th	ing Laboratory o le 5 day training	if the Drug enforce	cement Adgoncy (DEA). The purpo	se of this
Signature of Bureau Dir	ation, i.e. agendas or bro rector/Assistant Commis LAA HAN		h	vda	Ban	Date:3-	-/1- //
10. Estimated Expense	08!	- 1	Private Funds	State/Federal Funds	Personal Funda	Other Funds	
Transportation: (check all ☑ Air ☐ R ☑ Taxi ☐ Car: ☐ State	l that apply) ail ∐ Bus ⊠ Porsonal	☐ Rental		\$333.40 \$90 	1		
Lodging:	.`*			\$885,50			
Meals 5 de	me @ 8.50			\$96.00	1		
Other. (please list): Registral					·		. ,
Sub Total(s)				\$1422.18			
		rand Total					5 1422 .1 8
	G						
non-business comp Henri Lafleur - family	ll other travelers (Includ ponent, plesse describe	mily Pontes - famil	v. Ali family me	mbers traveling	with me will be		
non-business com Elleen Lafleur - family, A privately and separately 12. Privately Subsidize	Il other travelers (included ponent, please describe Albert Laffeur family Er. McChael Lo	mily Pontes - famil	y. All family me ELEX P(Y)	mbers traveling	with me will be	paying for their Not Applic	expanses
non-business comp Elleen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company:	Il other travelers (included ponent, please describe Albert Laffeur family Er. McChael Lo	mily Pontes - famili CW(er	y. All family me	mbers traveling	with me will be	paying for their Not Applic	expanses
non-business comp Elleen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address:	Il other travelers (included ponent, please describe Albert Laffeur family: Earth Charle Load Travel Information:	mily Pontes - famili CW(er	y. All familiy me	mbers traveling	with me will be	paying for their Not Applic	expanses
non-business comp Elleen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity:	Il other travelers (included ponent, please describe Albert Laffeur family: Earth Charle Load Travel Information:	mily Pontes - famili CW(er	y. All familiy me	Describe all act	with me will be	paying for their Not Applicated intent to partitions arty and the Cor	expenses able cipate;
non-business complete in Lafleur - family, Aprivately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity: Felephone Number:	ill other travelers (included ponent, please described Albert Lafleur family, É. M. Chael Ladder Travel Information:	mily Pontes -famili W(er	y. All familiy me	Describe all act	with me will be	paying for their Not Applicated intent to partitions arty and the Cor	expenses able cipate;
non-business come Elleen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity: Telephone Number: 13. Certifications and A bereby certify under the Signature of Traveler:	all other travelers (included ponent, please describe Albert Lafleur family, Example Lost Travel Information:	mily Pontes - famili W(er /	y. All family me	mbers traveling Describe all act	with me will be	Paying for their Not Applicated intent to partle artly and the Cor	expenses able cipate: nmonwealth:
11. Include names of a non-business completen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity: Telephone Number: 13. Certifications and A bereby certify under the Signature of Traveler: Rebecca Pontes I hereby certify that suff Signature of Department	Authorizations ne pains and penalties of	mily Pontes familiant (Portury that, to the	y. All family me	Describe sill act	with me will be	Not Applied and intent to partition arty and the Commission is true and compate:	expenses able cipate: nmonwealth:

Form FAF - revised 08/96



THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request:	2. Travel Request #:	3. Departmen	t/Division:		4. DEPT/ORGN:	5. Appropriation
March 1, 2011			DPH		0294	8100-9749-1
6. Name of Traveler(s	i);	7. Title	(s):	8.	Dates of Travel:	8.a Destination
Pet	er Piro	Lab	Supervisor (Ur	it 9)	June 5,	Şterling, VA
		ļ	,		2011-June	
					10	
9. Travel Itinerary and Commonwealth an	d Justification (If travel d Employee:	is privately subs	idized, statement o	f purpose mus		d benefit to the
Mr Piro will be traveling to analysis of controlled sub is to enhace Mr Piro's ski	stances conducted by the	ne Special Testing	Laboratory of the Dr	ug Enforcement	Agency (DEA). The	purpose of this seminar
related to the analysis of		The o day daming	Will indiado kilowida	go about analyz	and one controlle	a substances, one mou
Supporting document	· =		d.	. 1		. 1 1
Signature of Bureau Dir	ector/Assistant Comm	issioner/Hospital	/	d la	^	- 7/11/11
Director:	indaHar	•		XXXaV		_ Date: JIII
	magar	1				·
10. Estimated Expense	es:		Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all	that apply)			400.10	V_	
⊠ Air □ R	ail 🖾 Bus			50.00	V	
⊠ Taxi Car: ☐ State	☐ Personal	Rental		\$22		
_odging:		☐ I/entai	+	_ ^7.76_	 	
			(6)	885.50		
Meals: 5 An	y 0 17.50			- C	-/ -/ -	
1 0	(C)			9600	V	
Others (please list)	1000 (8.50		-			
Other: (please list): Parking/Registr	ation Fee			\$66.00		
r unting/region	ation rec			φου.σσ	<i>v</i>	
Sub Total(s)				1527.36		
	G	rand Total				1527
						f the travel consists o
non-business comp	l other travelers (includ onent, please describe ecca Pontes		ar a salar	1 1	. 1 10	
non-business comp lichael Lawler and Reb	onent, please describe ecca Pontes	Mich.	el LAWIER	, Nebe	eca Pintes	
non-business comp lichael Lawler and Reb 2. Privately Subsidized	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>			Not Applicable font to participate:
non-business complichael Lawler and Rebuster 2. Privately Subsidized ame of Contact Person ompany:	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>		eeA (), nte	
non-business comp flichael Lawler and Rebu 2. Privately Subsidized lame of Contact Person company:	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>			
non-business complichael Lawler and Rebusiness 2. Privately Subsidized ame of Contact Person company: ddress: usiness Activity:	onent, please describe ecca Pontes d Travel Information:	Micha	D	escribe all acti	vities offered and in	tent to participate:
non-business complichael Lawler and Rebusiness 2. Privately Subsidized ame of Contact Person company: ddress: usiness Activity:	onent, please describe ecca Pontes d Travel Information:	Mich	D	escribe all acti	vities offered and in	
non-business complichael Lawler and Rebuilchael Lawler and Rebuilchael Lawler and Rebuilchael Contact Person company: ddress: usiness Activity: elephone Number:	d Travel Information:	Mich	D	escribe all acti	vities offered and in	tent to participate:
non-business complichael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Contact Person company: ddress: usiness Activity: elephone Number:	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	tent to participate: and the Commonweal
non-business complichael Lawler and Rebusiness 2. Privately Subsidized lame of Contact Person company:	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	tent to participate: and the Commonweal
non-business complichael Lawler and Rebusinese Lawler and Rebusinese Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Albereby certify under the	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	and the Commonweal
non-business complichael Lawler and Rebusinese Lawler and Rebusinese Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Albereby certify under the ignature of Traveler:	authorizations	of perjury that, to	Root the best of my known	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date:
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A hereby certify under the ignature of Traveler: etter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	Root the best of my known	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date:
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A hereby certify under the ignature of Traveler: eter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	Real Real Real Real Real Real Real Real	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date: 7 — 11 n Secretary granted.
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A mereby certify under the ignature of Traveler: eter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	the best of my known described travel activitie:	escribe all active all	vities offered and in ween Private Party ove information is to 3 Delegation from	and the Commonweal rue and correct. Date: 7 — 11 n Secretary granted.